



REVISED December 2010

Doxorubicin/Ifosfamide

Date written _____ To begin _____

Patient's: Height _____ cm	Weight _____ kg	BSA _____ m ²
Allergies: <input type="checkbox"/> No	<input type="checkbox"/> Yes: _____	
Diagnosis _____	Metastatic Site _____	

Protocol:
<input type="checkbox"/> Yes # _____
<input type="checkbox"/> No
Source of Drug:
<input type="checkbox"/> Routine supply
<input type="checkbox"/> Protocol supply
<input type="checkbox"/> Other

- Laboratory Studies: None needed prior to first dose of chemo
 Additional labs needed prior to first dose chemo: _____
- Consent Obtained ?
 Yes
 Preprinted Consent See Dictated Note Note in Chart
 No Plan: _____
- Infusion Room General Order Set will be initiated
- Chemotherapy Cycle # _____

Antiemetics: Day # 1 thru 3

**Ondansetron 16 mg p.o. 30 min pre- chemo then 8mg q 6hrs (max 32mg/24 hours)
prn nausea or vomiting**

Dexamethasone 20 mg p.o. 30 min pre-chemo then daily until course complete

Hydration:

1 Liter NS at 1000ml/hr for 1 hour then D5 1/2 NS at 125 ml/hr continuously x 96 hrs

**Doxorubicin 12.5 mg/m² = _____ mg given continuous IV for 4 days (96hrs)
(For a total course of 50mg/m²)**

Ifosfamide 2000mg/m² = _____ mg IV and administer daily over 1hr for 4 days

**MESNA 400mg/m² = _____ mg given IVP at hours 0,4,8 on days 1 thru 4
(Mix hour 0 Mesna with Ifosfamide)**

MD/Preparer's Signature _____

Attending Physician Signature _____



MR CHEMO ORDER